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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/391,899 06/26/2002

** FOREIGN APPLICATIONS *****

Yes, *DN*
No, DN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **
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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

Verified and Acknowledged

[Signature] Initials *DN*

ADDRESS

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TITLE

MEDICAL DATA COLLECTION AND DELIVERY SYSTEM

FILING FEE RECEIVED 449	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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